

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED KIM, JAMES E aka YONG KIM		3. VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:05-000005-003		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. KIM		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant	
				10. REPRESENTATION TYPE (See Instructions) Criminal Case	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1029A.F -- PRODUCES/TRAFFICS IN COUNTERFEIT DEVICE					
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$300.) Signature of Attorney _____ Date: 2-14-05 <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address: _____ <div style="text-align: right;"> FILED DISTRICT COURT OF GUAM FEB 14 2005 MARY L.M. MORAN CLERK OF COURT 22 </div>					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)				14. TYPE OF SERVICE PROVIDER 01 <input type="checkbox"/> Investigator 20 <input type="checkbox"/> Legal Analyst/Consultant 02 <input checked="" type="checkbox"/> Interpreter/Translator 21 <input type="checkbox"/> Jury Consultant 03 <input type="checkbox"/> Psychologist 22 <input type="checkbox"/> Mitigation Specialist 04 <input type="checkbox"/> Psychiatrist 23 <input type="checkbox"/> Duplication Services (See Instructions) 05 <input type="checkbox"/> Polygraph Examiner 24 <input type="checkbox"/> Other (specify) _____ 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics Expert 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 14 <input type="checkbox"/> Pathologist/Medical Examiner 15 <input type="checkbox"/> Other Medical Expert 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services	
15. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO					
16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT	
a. Compensation					
b. Travel Expenses (lodging, parking, meals, mileage, etc.)					
c. Other Expenses					
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS					
TIN: _____ Telephone Number: _____ CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____					
18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case.					
Signature of Attorney: _____ Date: _____					
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES	
				22. TOT. AMT APPROVED/CERTIFIED	
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300. Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____					
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES	
				27. TOTAL AMOUNT APPROVED	
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)					
Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____					